

CHAPTER 8: TECHNICAL ASSISTANCE NEEDS ASSESSMENT AND PLAN

Capacity building, training, and technical assistance are provided to health department staff, HIV prevention providers, and other prevention partners to build their capacity to provide HIV prevention services including outreach, testing, PCRS, and prevention for people living with HIV.

Capacity building and technical assistance needs are identified through a variety of strategies including the following:

- 1) periodic surveys of the providers delivering HIV prevention services,
- 2) evaluations of workshop participants at the conclusion of each training event conducted throughout the year to determine additional training/capacity building needs,
- 3) survey of training and capacity building needs at quarterly meetings of local public health district staff and the prevention contractors,
- 4) evaluation of monthly CPG meetings including future training needs, and
- 5) supervisory staff input based on site visits and review of quarterly narrative progress reports.

Based on the findings from these various assessment strategies capacity building and technical assistance are provided in a number of ways including monthly training workshops, site visits from state SC DHEC staff, periodic meetings, conferences, and on-site technical assistance from CDC's network of national CBA providers.

This chapter of the plan describes:

- 1) needs assessment data from a survey conducted in the Fall 2003,
- 2) needs identified by workshop participants for January – June 2004,
- 3) needs identified by CPG members in 2003 through 2004,
- 4) needs identified by minority CBOs in 2004, and
- 5) concludes with an overall summary of needs and recommendations for activities over the next four years.

Survey of Capacity Building Assistance/Technical Assistance Needs

In October and November of 2003 the STD/HIV Division staff mailed a training needs assessment survey to HIV/AIDS staff in 13 Public Health Districts and to HIV prevention staff at 14 HIV prevention organizations funded by SC DHEC. DHEC personnel were given the option of completing the survey on-line through the agency's intranet or to complete a paper pencil version. Contractors were asked to make copies of the survey and have appropriate staff complete and return the survey to the agency. The Division received 43 surveys from 12 Health Districts (seven were completed on-line) and 17 surveys from nine of the 14 HIV prevention contractors for a total of 60 surveys. Using the organization as the unit of analysis the return rate for the health districts was 92 percent and the return rate for the HIV prevention contractors was 64 percent. The overall return rate was 78 percent.

The following tables provide information on the respondents (n=60).

Professional Background	DHEC	HIV Prevention Contractors
DIS	8	0
Nurse	15	0
Health Educator	9	12
Social Worker	9	1
Other	2	4

Licenses and Certifications	DHEC	HIV Prevention Contractors
CHES	3	1
LMSW	6	1
LISW	3	
RN	15	
CRNP	2	
Number of Years in HIV/STD Field	DHEC	HIV Prevention Contractors
< 1 year	3	0
1 – 3 years	6	7
> 3 – 5 years	5	0
> 5 years	28	10
No Answer	1	0

The survey included training topics by categories. Respondents were given the following response options to choose from; 1) Really needed, 2) Somewhat needed, 3) Not needed, 4) Don't know topic and 5) Not relevant to my job.

The first category of training topics was *STD/HIV Introductory Topics*. Topics were generated from the current list of trainings DHEC offers or coordinates through the Division's training coordinator. The following table includes the percentage of respondents, by professional background that indicated the topic was really needed or somewhat needed.

Basic STD facts	38	40	48	40	50
HIV/AIDS 101 (Starter Facts)	38	53	33	30	50
HIV and SC laws	63	73	86	60	100
STD/HIV Introductory Topics	DIS (n=8)	Nurse (n=15)	Health Ed (n=21)	SW (n=10)	Other (n=6)
Fundamentals of HIV prevention counseling	75	60	62	30	67
HIV Prevention counseling addressing youth issues	63	87	76	60	67
Addressing issues of HIV prevention for men who have sex with men	63	80	81	70	83

American Red Cross African American HIV Education & Prevention Instructor Course	25	47	57	50	67
American Red Cross Hispanic HIV Education & Prevention Instructor Course	38	67	76	40	50

The second training topic focused on the Implementation of HIV/AIDS Prevention Programs. Three specific categories were used to assess respondents training needs. The numbers represent the percentage of respondents that selected “Really needed” or “Somewhat needed” from the response options.

HIV Education Skills	DIS (n=8)	Nurse (n=15)	Health Ed (n=21)	SW (n=10)	Other (n=6)
Presentation/Facilitation Skills	75	73	62	80	100
Group Dynamics	25	80	71	80	100
Conflict resolution	75	93	67	80	100
Recruitment and retention of program participants	75	73	76	70	100

Interventions for High Risk Negatives	DIS (n=8)	Nurse (n=15)	Health Ed (n=21)	SW (n=10)	Other (n=6)
Individual-level Intervention	88	80	62	60	83
Prevention Case Management	88	47	48	50	83
SISTA (African American Women)	38	53	76	60	67
VOICES (African American & Hispanic heterosexual men & women)	50	60	76	70	83
Mpowerment (Men who have sex with Men)	50	60	71	70	83
Partners in Prevention (Male Version)	50	67	86	70	83
Partners in Prevention (Female Version)	50	67	81	70	67
Popular Opinion Leader (Men who have sex with men)	50	60	76	60	100
Community Promise (Non-gay identified men who have sex with men)	50	53	71	60	100

Interventions for HIV Positives	DIS (n=8)	Nurse (n=15)	Health Ed (n=21)	SW (n=10)	Other (n=6)
Individual-level Intervention	63	80	81	90	100
Prevention Case management	75	67	71	90	83
Group-level skills building interventions	50	60	71	80	100
Group-level support group interventions	50	60	76	90	100

The third training topic was *Evaluation of HIV/AIDS Prevention Programs*.

Evaluation of HIV/AIDS Prevention Programs	DIS (n=8)	Nurse (n=15)	Health Ed (n=21)	SW (n=10)	Other (n=6)
General descriptions of evaluation (how to/why to do it)	50	60	67	50	67
Developing program goals, objectives	38	73	62	60	100
Developing program logic models to determine what data/indicators to collect	75	73	62	40	83
Selecting/developing appropriate instruments	63	73	67	30	83
Conducting data collection	75	67	76	20	83
Conducting data analysis	63	80	81	20	83
Reporting evaluation findings	63	73	71	30	83
Making evaluation findings useful	63	73	76	50	83
Training program staff in evaluation skills	63	73	57	50	83

The final training topic was *HIV/AIDS Treatment and Management*.

HIV/AIDS Treatment and Management	DIS (n=8)	Nurse (n=15)	Health Ed (n=21)	SW (n=10)	Other (n=6)
Promoting treatment adherence in HIV care	75	87	62	80	83
Antiretroviral therapies	50	93	48	60	83
Treatment sequencing	38	87	33	30	50
Viral Load/CD4 measurements/resistance testing	88	80	38	40	67
Post exposure prophylaxis	63	80	38	20	50
HIV primary care/HIV treatment guidelines	88	87	38	60	100
Opportunistic Infections	88	87	57	90	100
Hepatitis (A, B, & C) & HIV	100	80	52	80	100
Other STDs & HIV	75	80	67	80	100

TB & HIV	100	80	62	70	100
Nutrition	63	87	67	80	67
Pain management & comfort issues/palliative care	50	60	33	60	50
Peripheral neuropathy	25	60	29	30	33
Perinatal transmission	63	80	52	50	83
Interview skills/taking a sexual history/risk assessment	88	87	76	60	100
How to do appropriate referrals/follow up with referrals	88	73	76	50	100
Dental/oral care	63	67	48	60	50

The following is a list of some of the priority training needs identified by professional background.

DIS

Hepatitis (A, B, & C) & HIV

TB and HIV

Interview skills/taking a sexual history/risk assessment

How to do appropriate referrals/follow up with referrals

Health Education

HIV and SC laws

Partners in Prevention Curriculum (male and female versions)

SISTA Curriculum

Conducting data analysis

Other professions

HIV and SC laws

Group dynamics and conflict resolution skills

Group level skills building interventions for

HIV positives

Hepatitis (A, B, & C) and HIV

Nursing

Conflict resolution skills

Antiretroviral therapies

HIV prevention counseling addressing youth issues

Promoting treatment adherence in HIV care

Social Work

Promoting treatment and adherence in HIV care

Group dynamic and conflict resolution skills

Opportunistic infections

Nutrition

The following topics received a 70 percent or higher rating by at least four of the professions.

Presentation/facilitation skills

Group dynamics

Conflict resolution

Recruitment and retention of program participants

Individual level intervention for HIV positives

Prevention case management for HIV positives

Promoting treatment adherence in HIV care

Opportunistic infections

Hepatitis (A, B, & C) and HIV

Other STDs and HIV

TB and HIV

Interview skills/taking a sexual history/risk assessment

How to do appropriate referrals/follow up with referrals

Survey results have been shared with the HIV prevention contractors and health department professionals at quarterly meetings. Information from the survey was used to set priority training events for the next two years. The survey will be repeated in 2006.

Summary of Training Needs Identified By Workshop Participants

DHEC's STD/HIV Division coordinates monthly training workshops. During the period of January 1, 2003 through December 31, 2003 forty-three (43) training events were provided reaching 1,181 participants.

The following training opportunities were provided: Fundamentals of HIV Prevention Counseling, Issues of Men Who Have Sex with Men, American Red Cross HIV/AIDS Starter Facts, American Red Cross African American and Hispanic HIV Education and Prevention Instructor Course interventions, SISTA Project Intervention training, HIV Prevention Counseling Addressing Issues of Youth, and Prevention Case Management training, Update on Rapid Test for HIV, Assessing Client Readiness.

These training opportunities represent collaborative efforts with the Dallas STD/HIV Behavioral Intervention Training Center, the Emory Regional Training Center, the Florida STD/HIV Training Unit of the Florida Health Department, Jackson State University's Mississippi Urban Research Center, and the American Red Cross.

At the end of each training event, participants were asked about their on-going training and technical assistance needs. Below is a summary of needs identified in 2003:

<ul style="list-style-type: none"> • Financial management and board training for community based organizations. • Counseling the HIV+ clients. • How to interpret HIV lab results. • Counseling skills for preemptive positives. • HIV 101 • HIV 101 with a focus on African Americans and HIV. • Issues with MSM. 	<ul style="list-style-type: none"> • MSM and Drugs • Ora-Quick certification process. • Prevention interventions with HIV+ women. • SISTA project • STDs • Contraceptives. lesbians.
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CPG Needs

At the conclusion of each monthly meeting of the CPG, members are asked to evaluate the meeting and to respond to the question "What topics would you like to know more about or receive training in?" Below is a summary from Calendar Year 2003 and 2004:

<ul style="list-style-type: none"> • Survey Composition – How to develop an effective evaluation tool • Effective interventions for priority populations in South Carolina • General overview of the Community Planning Process and an explanation of how the CPG fits in the overall state (S.C.) prevention scheme • How to Reach the Hispanic Community • Effective ways to educate your legislative delegation and local elected officials • How to conduct a local needs assessment • Outcome evaluation tools (software)/PEMS training • How to effectively get HIV positive consumers involved in the planning process • Overview of linkages between care & prevention 	<ul style="list-style-type: none"> • Overview of services available to HIV positive consumers around the state (S.C.) • How to market/implement Group Level Interventions (GLI) in rural communities • An overview of the Transgender population in S.C. and transgender mental health issues • How to integrate abstinence education into a comprehensive HIV education program • Advancing HIV Prevention Initiative and how it impacts S.C. • How to get young people involved in the planning process • National training opportunities on Interventions that the CDC says are proven and effective interventions • How to set up a support group in a setting that's nontraditional (housing complexes)
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Some of the training needs of the CPG are integrated within the monthly meetings, some needs are addressed by making them aware of the training calendar of scheduled workshops and events.

HIV Prevention Contractors

Staff for HIV prevention contractors attend quarterly meetings and also provide written quarterly narrative reports. Some of the CBA and TA needs identified during 2003 included:

<ul style="list-style-type: none"> • Evaluation forms and processes • Effective behavioral interventions (compendium) • Fiscal accountability, budget development, and financial management. 	<ul style="list-style-type: none"> • Designing outcome evaluation tools/questionnaires • Needs assessment • Organizational/Board development and planning.
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Local Health Department Staff

Disease Intervention Specialist (DIS), nurses, social workers, and HIV/AIDS Health Educators (AHEDS) are located in 12 public health districts across the state, and provide counseling and testing, partner counseling and referral services, prevention case management, Health Education/Risk Reduction and Health Communication/Public Information programs. Local health department staff meet quarterly with the state department consultants and are asked to indicate any training or technical assistance needs they may have. Below is a summary of needs identified:

<ul style="list-style-type: none"> • Comprehensive School Health Education requirements for HIV/STD education • Orasure testing • Developing local intervention plans • Update Federal Materials Review Process • Evaluation • Effective behavioral interventions (compendium) • Hispanic outreach and interventions 	<ul style="list-style-type: none"> • Enhanced surveillance initiatives • Partnerships with CBO organizations • Syphilis elimination efforts • Updates on national events. • Updated statistics. • Changes in policies/procedures. • Quality assurance.
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Needs Identified By State Division Consultant Staff

STD/HIV Division staff provide on-going site visits to assure the quality of programs, and to conduct monitoring and evaluation activities. As a result they are able to make observations about practice needs of staff. In addition, state staff also conducting monitoring and evaluation site visits to HIV prevention contractors. Again, they are able to make observations about practice needs. In addition, as new activities or requirements are mandated by CDC, Division staff must provide training and follow-up to assure these activities are being conducted. Often as a result, needs are identified. As a result of the Advancing New Initiatives for HIV Positives and the development of the Program Evaluation and Monitoring System (PEMS) Division staff have provided and will continue to provide training and technical assistance on the implementation of these two CDC initiatives.

Office of Minority Health Survey of MCBOs

The STD/HIV Division has worked collaboratively with SC DHEC's Office of Minority Health (OMH) in conducting a demonstration project around providing technical assistance to Minority Community Based Organizations (MCBOs). OMH has developed a list MCBOs providing HIV prevention and has provided numerous workshops over the last three years to build their capacity including grant writing, obtaining 501(c) 3 status, how to obtain and use technology such as the use of computers and internet, understanding epidemiological data, meeting the needs of African American men, meeting the needs of other special populations. Based on a capacity building needs assessment conducted in May 2004 by staff of the national Office of Minority Health Resource Center, the following 10 categories are the top needs among the MCBOs:

1) Organizational Development (35) <ul style="list-style-type: none"> a) How to manage money b) Vision/Mission c) Board Development/Staff Development d) Fiscal Development e) Accountability f) Bylaws 2) Program Evaluation (31) <ul style="list-style-type: none"> a) Data collection instruments b) Outcome measures 	5) Grant Writing/ Fund Development (24) <ul style="list-style-type: none"> a) How to write winning proposals b) Identifying unrestricted Funds c) Engaging Corporate America 6) Prevention with Positives (21) <ul style="list-style-type: none"> a) Best practices b) Linking & Collaborating c) Building capacity of medical providers 7) Community Needs Assessment (19)
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c) Developing logic models d) Effective measurements/tools 3) Social Marketing (29) a) Public relations b) Branding Strategies 4) Community Mobilization (25) a) MSMs of color b) Community sex workers c) Military personnel	a) How to conduct a needs assessment b) Where to put time and money c) Long range planning 8) Developing New Programs (17) a) Behavioral Science Theories b) Best Practices 9) Developing Awareness Programs for Sub-Populations (16) a) Youth b) MSM c) Faith Based Organizations
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Summary Needs and Recommendations:

Based on the TA assessments with CPG members, HIV Prevention Collaborations, local public health district staff, and other local HIV prevention providers there is an on-going need:

1. To provide training on effective HIV prevention interventions that are theory-based and shown to be effective.
2. To provide basic HIV information about HIV disease, how it is transmitted, and HIV epi-data.
3. To provide basic policy and programmatic updates (i.e.evaluation requirements and new initiatives) to contractors and local public health district staff.
4. To monitor and assure the quality of the delivery of HIV prevention interventions/programs.
5. To increase communication between various HIV prevention providers and providers of STD services and HIV care and treatment services.
6. To increase communication between the CPG, HIV prevention contractors, local health district staff, other local HIV prevention providers, and HIV care providers to provide additional input into the state HIV plan.

The CPG recommends that DHEC continue:

- Coordinate a schedule of monthly training workshops utilizing national CBA providers from CDC, as well as local TA providers.
- Conduct quarterly meetings of HIV prevention providers including contractors and local public health district staff.
- Conduct periodic integrated/joint meetings of HIV prevention contractors, health department staff, CPG members, and HIV care staff.
- Provide financial assistance for HIV prevention staff to attend the annual HIV/STD Conference, SC Community Planning Leadership Summit, and other conferences as needed or required.
- Conduct periodic site visits with HIV prevention contractors and health department staff to monitor and provide assistance with implementing and/or revising local intervention plans; conducting needs assessments; identifying additional resources, services, barriers and unmet needs among priority populations; making changes and improvements to financial

management systems; and prioritizing populations and interventions.

- Coordinate with the SCDHEC's Office of Minority Health to provide assistance to minority CBOs linked with the HIV prevention contractors through the *HIV/AIDS Demonstration Project to Provide Capacity Assistance*.
- Conduct on-going evaluation/assessments of CPG members, health department staff, and other HIV prevention providers training and capacity building needs.
- Review quarterly reports and data available to identify needs and provide TA support.